

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
 Fax: (515)281-3701
 www.iowa.gov/ethics

**FORM-GBG**

Gift, Bequest, or Grant information
 received by a department or
 accepted by the Governor on behalf
 of the state

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

| | |
|---|-----------------------|
| State Training School | |
| Name of Department or Office 3211 Edgington Ave. | Eldora, IA, 50627 |
| Mailing Address 641-858-5402 | City, State, Zip Code |
| Area Code & Telephone No. | |

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

| | |
|---|--|
| Barb Fredericks | |
| Name 3211 Edgington Ave. | Eldora, IA, 50627 |
| Mailing Address (if different from above) bfricker@dhs.state.ia.us | City, State, Zip (if different from above) |
| Email Address | Area Code & Telephone Number (if different from above) |

DONOR OF GIFT, BEQUEST, OR GRANT:

| | |
|-------------------------------------|-----------------------|
| Ladies Aux. to American Legion #304 | |
| Name | Eagle Grove, IA 50533 |
| Mailing Address | City, State, Zip Code |
| Area Code & Telephone Number | |
| Email Address (optional) | |

| | |
|--|---------------|
| 04-20-10 | \$ 100.00 |
| Date of Gift, Bequest, or Grant | Amount/Value* |
| *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". | |

Provide a description of the gift, bequest, or grant and purpose thereof:

Money for the Religious Activities Fund

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Barb Fredericks affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Barb Fredericks
 Signature

04-20-10

Date